

# REQUEST FOR IMPASSE SERVICES

PERB will provide impasse services only upon receipt of an original and one (1) copy of this form  
A mediation request must be accompanied by a \$30 filing fee payable to PERB

## I. IMPASSE SERVICE REQUESTED. (Check only one box on this form)

The undersigned state(s) that an impasse exists between the parties listed below and requests the Board provide the impasse service indicated

### A. STATUTORY IMPASSE PROCEDURES

1 ☐ Mediation (Iowa Code §20 20) A list of the unresolved items is attached.

OR

2 ☐ Arbitration (Iowa Code §20 22)

### B. INDEPENDENTLY-NEGOTIATED IMPASSE PROCEDURES

1 ☐ Pursuant to the parties' independently-negotiated impasse procedures (Iowa Code §20 19), the following impasse service is requested: \_\_\_\_\_

A copy of the independently-negotiated impasse procedures has been previously submitted or is attached.

## II. IDENTITY OF PUBLIC EMPLOYER AND ITS REPRESENTATIVE.

(Please type or print)

A. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

E-Mail Address: \_\_\_\_\_

B. Employer's bargaining rep: \_\_\_\_\_ Bus/Cell ph: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

## III. IDENTITY OF EMPLOYEE ORGANIZATION AND ITS REPRESENTATIVE.

(Please type or print)

A. Employee organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

E-Mail Address: \_\_\_\_\_

B. Organization's bargaining rep: \_\_\_\_\_ Bus/Cell ph: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

## IV. AFFECTED BARGAINING UNIT. The bargaining unit is generally described as:

Number of employees  
in unit: \_\_\_\_\_

## V. CERTIFICATE OF SERVICE.

I hereby certify that a copy of this request has been served on the party with whom we are negotiating, by ordinary mail or by personal delivery

If joint request:

(signature of bargaining representative)

(signature of bargaining representative)

For: \_\_\_\_\_ For: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

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